Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
K.C RESOURCES, INC	30-025-00108

Address: 2533 S. HWY 101 #260 CARDIFF, CA 92007

Reason(s) for Filing *(Check proper box)*

- New Well [ ]
- Recompletion [ ]
- Change in Operator [X]
- Other *(Please explain)* [ ] effect 12/92

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator: RWK RESOURCES, INC

II. DESCRIPTION OF WELL AND LEASE

Lea Undesignated; Strawn (Gas)

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
N.M. "BH" STATE NCT-1	3	~~CAPROCK WOLFCAMP, EAST~~	State, Federal or Fee	

Location
Unit Letter F : 1980 Feet From The N Line and 663 Feet From The W Line
Section 11 Township 12 Range 32 , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address *(Give address to which approved copy of this form is to be sent)*
TEXAS N.M. PIPELINE XX	[ ]	

Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address *(Give address to which approved copy of this form is to be sent)*
WARREN PETROLEUM XX	[ ]	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	NW/4	11	12	32	YES	8/1/84

If this production is commingled with that from any other lease or pool, give commingling order number: PC-555

IV. COMPLETION DATA

OPER. OGRID NO. 122912
PROPERTY NO. 15218
POOL CODE 9310 97603
EFF. DATE 6-23-94
API NO. 30.025.00108

New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

tal Depth	P.B.T.D.
Oil/Gas Pay	Tubing Depth
	Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

DEPTH SET	SACKS CEMENT

O-TRNSP. OGRID NO. 22628 wtr
G.-TRNSP. OGRID NO. 24650 2218250

OIL POD NO. 2218210
GAS POD NO. 2218230

V
O
D

ual to or exceed top allowable for this depth or be for full 24 hours.)

ucing Method *(Flow, pump, gas lift, etc.)*

Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method *(pitot, back pr.)*	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Reiner Klawiter

REINER KLAWITER, PRESIDENT
Printed Name Title

12-3-93 (619) 943-8448
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 23 1994

By ORIGINAL SIGNED BY JERRY SEXTON

Title DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104.

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.